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FILED
May 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000060039 (0)**

1. Corporation Name
MATH CONCEPTS, INC.

Principal Place of Business
891 FRUITWOOD DRIVE
JACKSONVILLE FL 32259

Mailing Address
891 FRUITWOOD DRIVE
JACKSONVILLE FL 32259-3101

3. Date Incorporated or Qualified: **07/18/1996**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 445 SR 13 N.
Suite, Apt. #, etc.
27 Ste 26, #372
City & State
28 Fruit Cove, FL
Zip 29 32259 Country 30 USA

4. FEI Number: 59-3392118 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
STEVENS, CHARLES T
2744 US 1 SOUTH
ST. AUGUSTINE FL 32086

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Charles T. Stevens, Secretary — 4/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P + D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Kathy French	1.2 NAME	
STREET ADDRESS	891 Fruitwood Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Fruit Cove, FL 32259-3101	1.4 CITY-ST-ZIP	
TITLE	T + D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Charles T. Stevens	2.2 NAME	
STREET ADDRESS	2744 US 1 South	2.3 STREET ADDRESS	
CITY-ST-ZIP	St Augustine, FL 32086	2.4 CITY-ST-ZIP	
TITLE	Stephen French ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	891 Fruitwood Dr	3.2 NAME	
STREET ADDRESS	Fruit Cove, FL 32259-3101	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles T Stevens Treas 4/23/97 904-797-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)